York Region's door-to-door accessible public transit service for people with disabilities

mobilityplus

application package

YORK REGION TRANSIT

MOBILITY PLUS

INTRODUCTION

Mobility Plus is York Region's door-to-door shared ride accessible public transit service for people with disabilities. An applicant is eligible for Mobility Plus services if he/she is a York Region resident and unable to use conventional transit services due to a physical or functional limitation, defined as "any condition, either short term or long term.

Conventional public transit means accessible fixed route public transit and includes the family of services offered by York Region Transit, i.e. Viva, Local Routes, Community Bus, Dial-a Ride, and Travel Training.

ELIGIBILITY

If you are unable to use conventional public transit due to a physical or functional disability, Mobility Plus may be for you. To use this service, you must meet specific eligibility criteria. Eligibility is considered on a case-by-case basis and is not based on a particular disability, nor is it based on income level or lack of accessible public transit in an applicant's area.

TYPES OF LIMITATIONS

Visual – Applicants who are legally blind and have undergone travel training through an approved agency such as the Canadian National Institute for the Blind (CNIB) and are still unable to use regular public transit bus service or applicants who have been deemed unsuitable for travel training.

Sensory – Applicants experiencing sensory motor area conditions which impact physical ability to use regular public transit bus service, such as Parkinson's disease.

Cognitive – Applicants with cognitive disabilities but no physical disabilities, who are otherwise ineligible for Mobility Plus, may be eligible for trips to and from approved day programs and work placements. Written confirmation (letter from day program) from a placement agency is required.

Physical – Applicants with a physical disability who are unable to walk 175 metres.

ELIGIBILITY CRITERIA

The eligibility criteria are based on five guiding principles:

1. Mobility Plus service is not for those who find it more difficult or who are reluctant or unwilling to use an accessible public transportation system or;
2. Mobility Plus is not an attendant care service or;
3. Eligibility is not based on a particular disability and persons are approved on a case by case basis or;
4. Eligibility is not based on income or;
5. Eligibility is not based on the unavailability of accessible conventional transit in the area in which the person resides.

Eligibility for Mobility Plus is approved on the basis of **levels of eligibility** falling into three categories:

1. **Unconditional** – all trip requests;
2. **Temporary** – limited duration (i.e. surgery recovery); and
3. **Conditional eligibility** – environmental or physical barriers limit the ability to consistently use conventional transportation services (day program)

HOW TO APPLY

This four-part application package must be fully completed and signed by you and your health care professional to avoid delays in processing. The completetion of this application form does not guarantee eligibility.

Section A (page 5) – contains questions about your ability/inability to use accessible public transit and should be completed by the applicant. It determines the level of eligibility by accessing the applicants' ability to use conventional transit service.

Section B (page 10) – must be completed by your registered health care professional. Completed applications must be forwarded by mail or fax to the Mobility Plus office (see address and fax number on page 4).

Section C (page 14) – authorizes the release of the information you have provided to Mobility Plus for consideration of this application. **All information provided in this application will be kept strictly confidential between the Regional Municipality of York and the parties specified herein.**

Section D (pages 16-18) – is a Hand-to-hand requirement service agreement for applicants who attend day programs/work placements.

Mobility Plus will review your application within 14 days of receipt. If your application is incomplete, the application process will be delayed. A registration card and number will be provided upon approval to use the service. If you are approved and require an attendant, this person must be provided by you and accompany you on all of your Mobility Plus rides. The attendant rides free-of-charge.

If your application is denied, you can contact the Mobility Plus office at (905) 762-2112 to arrange for an assessment with the Health Nurse. If you are not satisfied with the decision an appeal can be made with the Eligibility Appeal Panel or call us for information about other available public transit services.

CONFIDENTIALITY

All personal information on your application is collected under the authority of the Municipal Act, 2001, and the Personal Health Protection Act, 2004, and will be used solely for the purpose of determining eligibility for Mobility Plus service. Personal information within the meaning of the Freedom of Information and Protection of Privacy Act. Any questions concerning this collection can be directed to:

Mobility Plus Eligibility
York Region Transit
50 High Tech Road, 5th Floor
Richmond Hill, ON L4B 4N7

Phone: (905) 762-2112
Toll Free: 1-866-744-1119

TTY: (905) 881-5872
TTY Toll Free: 1-866-276-7479

The application along with any supporting documentation will be discussed only with the applicant or a legal guardian. If a release form is completed, the application may be discussed with the individual named in the release. For your convenience, a release form can be found on page 14 of this application. Application information may also be shared with other transit providers to facilitate your travel within York Region and connecting areas.

Please make a photocopy of the entire completed application for your records in case the original application is not received by Mobility Plus.

The levels of eligibility are:

- **MP-1FS** Family of Services.
- **MP-1** No restrictions.
- **MP-1A** Requires an attendant for all trips.
- **MP-1FSA** Family of Services and requires an attendant.
- **MP-1FSAD** Family of Services when requiring an attendant for all trips other then approved day programs.
- **MP-1AD** Requires an attendant for all trips other than approved day program / work placements.
- **MP-1D** Approved only for day program / work placements.
- **MP-1DW** Approved only to day programs / work placements with waiver for the residence.
- **MP-1ADW** Requires an attendant for all trips other than approved day program/work placements with waiver for the residence.
- **MP-2T** No restrictions, but with temporary registration period.
- **MP-2TA** Temporary registration period requiring an attendant for all trips.
- **MP-2FST** Family of Services, but with temporary registration period.
- **MP-2FSTA** Family of Services, but with temporary registration period requiring an attendant for all trips.
- **MP-3FSS** Family of Services, seasonal approval (November 1 – April 30) when weather conditions affect the applicant's ability to use regular public transit (i.e. icy conditions).
- **MP-3FSSA** Family of Services, seasonal approval (November 1 – April 30) with attendant requirement for all trips.

CONTACT US

Mobility Plus Call Centre Hours
Monday to Saturday
6:00 a.m. to Midnight

Sunday and Statutory Holidays
6:00 a.m. to Midnight

Service Operating Hours
Monday to Saturday
6:00 a.m. to Midnight

Sunday and Statutory Holidays
6:00 a.m. to Midnight

York Region Transit (YRT) – Mobility Plus
50 High Tech Road, 5th Floor
Richmond Hill, Ontario L4B 4N7

Local: (905) 762-2112
Toll Free: 1-866-744-1119

TTY Teletypewriters
Local: (905) 881-5872
Toll Free: 1-866-276-7479
Fax: (905) 762-2110

Website: www.mobilityplus.yrt.ca

SECTION A: Ability/inability to use conventional public transit

LEVEL OF ELIGIBILITY

Your level of eligibility will be determined by Mobility Plus based on the information in your application. You may be required to renew your application as needed to ensure updated eligibility information.

It is the responsibility of the client to update Mobility Plus if their health condition, personal information and/or mobility aid changes.

Please fill out this application completely, including verification of medical status by a health care professional in Section B*.

If your application is incomplete, it will be returned to you or you may be contacted for further information. Your answers in Section A will ensure that Mobility Plus has a clear understanding of your eligibility status and service requirements.

You may be required to attend an assessment at YRT with the nurse.

* Please see page 13 for a listing of accepted Health Care Professionals.

PLEASE PRINT CLEARLY ☐ **Mr.** ☐ **Mrs.** ☐ **Ms**

Client Name (Last) (First) (Middle)

Street Address Apt

City or Town Province Postal Code

Phone (Daytime) (Evening)

TTY/TDD Number (For Deaf, Deafened or Hard of Hearing)

E-mail Address Date of Birth (Year/Month/Day)

EMERGENCY CONTACT INFORMATION

In case of an emergency, please notify (e.g. family, friend, neighbour, caregiver):

Name (Primary contact)	Name (Secondary contact)
Relationship	Relationship
Phone	Phone

Please provide your mailing address that you would like all mailings directed to, if it is different from the information provided on the previous page.

MAILING ADDRESS ☐ **Mr.** ☐ **Mrs.** ☐ **Ms**

Client Name (Last)	(First)	(Middle)
Street Address		Apt
City or Town	Province	Postal Code

Please provide a phone number and/or email address to contact you if there is a service delay with your scheduled trip.

Phone	E-mail Address

USE OF CONVENTIONAL PUBLIC TRANSIT BUSES

The answers to questions one, two and three provide us with detailed information on your difficulties getting to and from a conventional YRT bus stop, getting on and off a bus and travelling on a bus.

1a. Check the <u>one</u> box that best applies to your ability to get to or from a conventional public transit bus stop:

- ☐ I can usually get to and from a conventional public transit bus stop.
- ☐ I can walk the distance of an average city block or 175 metres.
- ☐ I can get to and from a conventional public transit bus stop with the assistance of an attendant.
- ☐ I can never get to and from a conventional public transit bus stop. (Please explain why in the space below)

_____

_____

_____

_____

1b. Seasonal Eligibility (November 1 to April 30)

- ☐ I can usually get to and from a conventional public transit bus stop only if the path is free from ice and snow.

2. Check the <u>one</u> box that best applies to your ability to get on and off a conventional transit bus:

- ☐ I can usually get on and off a conventional public transit bus.
- ☐ I can get on and off a conventional public transit bus with the assistance of an attendant.
- ☐ I can get on and off a conventional public transit bus if it is a low floor bus with no steps.
- ☐ I can never get on or off a conventional public transit bus. (Please explain why in the space below)

_____

_____

_____

_____

3. Check the <u>one</u> box that best applies to your ability to ride on a conventional public transit bus:

- ☐ I can usually ride on a conventional public transit bus.
- ☐ I can ride on a conventional public transit bus if I have an attendant with me.
- ☐ I cannot ride on a conventional public transit bus. (Please explain why in the space below)

_____

_____

_____

_____

_____

_____

_____

4. **Do you require a personal care attendant?** Please note in order to travel unaccompanied, applicants must be able to independently recognize their destination and inform the Mobility Plus driver if they are about to be dropped off at the wrong location. In addition they must be able to independently get help if they were dropped off at the wrong location. If they are not able to do so then they will require a personal care attendant when travelling.

   If you do and you meet the eligibility criteria, Mobility Plus will only provide service when an attendant, provided by you, is travelling with you. The required attendant will travel free-of-charge.

   ☐ Yes ☐ No

5. **If you are attending a day program or work placement do you require a hand to hand transfer?**

   ☐ Yes ☐ No

   If your answer is no, please fill in the waiver on pages 16-18.

6. **Do you currently use any of the following assistive devices? (Check all that apply)**

   ☐ Braces
   ☐ Cane
   ☐ Certified Service Animal
   ☐ Communication Device
   ☐ Crutches
   ☐ Oxygen Tank
   Measurements: _____
   ☐ Prosthetics
   ☐ Scooter
   ☐ Walker (specify type)
   ☐ Foldable ☐ Non-Foldable
   ☐ White Cane
   ☐ Wheelchair (specify type)
   ☐ Manual ☐ Standard Power
   ☐ Foldable ☐ Custom Power
   Measurements: _____
   ☐ Other Device (Please explain)
   _____
   _____
   _____

7. **Can you transfer to a four-door sedan without driver assistance?**

   ☐ Yes ☐ No

7a. **Have you undergone any training through an agency (e.g. CNIB) to ride a conventional transit bus?**

   ☐ Yes ☐ No

   Agency name: _____

7b. **If you answered yes, what did your travel training include? (Check all that apply)**

   ☐ Selecting a route
   ☐ Securing your mobility aid
   ☐ Using a route map
   ☐ Safety procedures while riding the bus
   ☐ Using a bus pass or paying a fare
   ☐ Identifying landmarks
   ☐ Locating a seat
   ☐ Safety procedures if you become unaware of your surroundings
   ☐ Getting on and off the bus with your mobility aid

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I authorize the health care professional named in Section B to provide information by responding to the questions in Section B related to my physical and/or functional limitations.

Signature of Applicant

Year/Month/Day

Name of Applicant (Please Print)

If you are **not** the applicant, but have completed this application on the applicant's behalf, you must provide the following information:

PLEASE PRINT CLEARLY ☐ **Mr.** ☐ **Mrs.** ☐ **Ms**

Client Name (Last) (First) (Middle)

Street Address Apt

Phone (Daytime)

Relationship to Applicant

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE IN FORMATION PROVIDED IN THIS APPLICATION IS CORRECT .

Signature of Guardian (or Power of Attorney)

Year/Month/Day

IMPORTANT REMINDER: Please make a photocopy of the entire completed application for your records in case the original application is not received by Mobility Plus.

SECTION B: For completion by a Health Care Professional

ABOUT YORK REGION TRANSIT MOBILITY PLUS

Mobility Plus is a shared ride door-to-door public transit service for people with physical and/or functional disabilities who are unable to use conventional public transit.

You are being asked by the applicant named in Section A to provide information regarding his/her ability to use conventional public transit service.

Applicants with disabilities are generally considered eligible for Mobility Plus service if attempting to use conventional public transit bus service compromises their health and safety or negatively impacts their mobility.

A person who does not qualify for Mobility Plus door-to-door service in the summer months may still be eligible for seasonal registration during the winter months.

The information you provide will allow us to evaluate the request and provide appropriate service. Thank you for your assistance.

TO COMPLETE SECTION B:

1. The applicant (or representative) has completed Section A. Please read Section A in its **entirety** before completing and signing Section B.
2. Section A and B of the application must be filled out completely or the application process may be delayed.
3. If you have any questions, you can call Mobility Plus at 905-762-2112, or toll free at 1-866-744-1119.

Please base your evaluation solely upon the applicant's ability/inability to use conventional public transit bus service.

_____

Patient's Name: (Please Print)

1. I have read Section A in its entirety.

☐ Yes ☐ No

2a. Applicant's diagnosis, prognosis, impairments and / or limitations causing disability:

_____

_____

_____

_____

_____

_____

2b. Please describe in detail how the applicant's physical and / or functional limitation affects their ability to use conventional transit bus service:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. Severity of Disability / Limitations:

☐ Mild ☐ Moderate
☐ Severe ☐ Profound

4. Is the applicant able to walk 175 metres?

☐ Yes ☐ No ☐ Sometimes

5a. Would this applicant be able to get off or on a conventional low floor bus with no steps?

☐ Yes ☐ No

5b. Is the applicant able to ride a conventional bus if the driver assigned them priority seating and assisted with retrieving and securing the mobility aid?

☐ Yes ☐ No

6. If the applicant has a visual impairment, is the applicant considered legally blind, according to the CNIB?

☐ Yes ☐ No

7. Does this applicant have a cognitive limitation?

☐ Yes ☐ No

If yes, can this applicant:

Independently recognize their destination and inform the Mobility Plus driver if they are about to be dropped off at the wrong destination / location? (i.e. residence)

☐ Yes ☐ No

Independently get help for themselves if dropped off at the wrong location / destination?

☐ Yes ☐ No

If the applicant is a person with speech impairment, is he/she able to communicate either: verbally/and or augmentative device and/or in writing? Ask for, understand and follow instructions?

☐ Yes ☐ No

8. Does the applicant require a personal care attendant when travelling?

☐ Yes ☐ No

Please note in order to travel unaccompanied, applicants must be able to independently recognize their destination and inform the Mobility Plus driver if they are about to be dropped off at the wrong location. In addition, they must be able to independently get help if they were dropped off at the wrong location. If they are not able to do so then they will require a personal care attendant when travelling.

If yes, please note the applicant must provide their own personal care attendant when travelling.

9. It is my professional opinion that the applicant has physical or functional limitations that: (Check the <u>one</u> box that best explains the difficulty the applicant has in using conventional public transit bus service)

☐ Prevents the applicant to use conventional public transit bus service year round.

☐ Yes ☐ No

☐ Prevents the applicant to use conventional public transit bus service only in the winter.

☐ Yes ☐ No

☐ Usually prevents the applicant from using conventional public transit bus service unless a personal care attendant accompanies them.

☐ Yes ☐ No

☐ Other (Please explain in the space below)

_____

_____

_____

_____

_____

_____

_____

10. Expected Duration of Disability/Limitations:

☐ Temporary: Expected duration until (Year/Month/Day]

☐ Long-Term: (Limitation with no expectation of improvement)

☐ Seasonal: (Limitation impacted by winter ice/snow conditions)

11. Are there any other effects of the physical or functional limitations that Mobility Plus should be aware of?

_____

_____

_____

_____

_____

_____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN SECTION B IS TRUE.

PLEASE PRINT CLEARLY ☐ **Dr.** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms**

Name (Last)	(First)	(Middle)
Street Address		Apt
City/Town	Province	Postal Code
Phone Number	Licence/Certification Number	
Date (Year/Month/Year)	Signature	

Profession (Check one)

- ☐ Licensed Physician
- ☐ Registered Occupational Therapist
- ☐ Licensed Optometrist/Opthamologist
- ☐ Certified Rehabilitation Specialist
- ☐ Registered Nurse
- ☐ Physiotherapist
- ☐ Social Worker (B.S.W.)
- ☐ Speech Language Pathologist

FINISH-UP CHECKLIST

Before you mail, fax or deliver this application, please double check to make sure you have:

- ☐ Fully completed this application and double checked all information.
- ☐ Checked that your healthcare professional has completed Section B in full, including certification number (if applicable) and contact information.
- ☐ Attached a letter from your day program or workplace where applicable, verifying times and locations.
- ☐ Made a photocopy of the entire application for your records.

IMPORTANT REMINDER: Please make a photocopy of the entire completed application for your records in case the original application is not received by Mobility Plus.

Section C: Authorization for release of information

Thank you for your assistance! Please return the application (Section A and B) to the person seeking Mobility Plus registration, or with the person's permission, forward directly to:

Mobility Plus Eligibility
York Region Transit
50 High Tech Road, 5th Floor
Richmond Hill, ON L4B 4N7
Fax: 905-762-2110

PLEASE PRINT CLEARLY ☐ **Dr.** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms**

_____

Client Name (Last) (First) (Middle)

_____

Street Address Apt

_____

Phone Client ID#

FOR REGISTRATION RENEWALS ONLY

I, _____ hereby consent to:

☐ Information/reports being sent ☐ Ongoing information to be exchanged

Between YRT Mobility Plus and _____
(Name of substitute decision maker)

and _____
(Relationship to client)

All information obtained will be kept CONFIDENTIAL between The Regional Municipality of York and the parties specified above.

_____ _____

Client Signature Year/Month/Day

_____ _____

Substitute Decision Maker Signature Year/Month/Day

FOR OFFICE USE ONLY

☐ Denied

Approved Level of Eligibility (Check <u>one</u>)

☐ MP–1FS	☐ MP–1	☐ MP–1A	☐ MP–1FSA	☐ MP–1FSAD
☐ MP–1AD	☐ MP–1D	☐ MP–1DW	☐ MP–1ADW	☐ MP–2T
☐ MP–2TA	☐ MP–2FST	☐ MP–2FSTA	☐ MP–3FSS	☐ MP–3FSSA

If temporary, check one: ☐ 3M ☐ 6M

Client Identification # (assigned upon approval): _____

_____ _____

Year / Month / Day Initials

Comments:

_____

_____

_____

_____

_____

STAMP

EN01-09-2011

'HAND TO HAND' REQUIREMENT (FOR DAY PROGRAMS / WORK PLACEMENTS)

_____has been approved for Mobility Plus service on a level _____ eligibility, for travel to/from approved day programs and work placements.

By completing and signing this agreement, the passenger and/or parent/guardian acknowledges that the 'Hand-to-Hand' requirement, requiring a personal attendant to be in attendance at the point of departure and arrival, is deemed unnecessary and will be waived for departure from and arrival at the passenger's residence only.

York Region Transit Mobility Plus will provide the following:

- Escort the passenger door to door
- Wait until the passenger crosses the threshold of the accessible door
- Wait five (5) minutes past the confirmed pick up time

York Region Transit Mobility Plus does NOT provide the following:

- Unlock or go through the door of the passenger's resident
- Wait for a family member to arrive home to open the door of the passenger's residence

By applying for service to/from day programs and work placements without a hand-to-hand attendant, the passenger or parent/guardian (if the passenger is under 18 years of age or has a legal guardian) confirms that the passenger is:

- ☐ Fully capable of leaving/arriving at the residence and entering Mobility Plus vehicle without any type of assistance
- ☐ Fully capable of being transported in the Mobility Plus vehicle without an individual attendant
- ☐ Consents with wearing a vehicle seatbelt; fully capable of using the seatbelt for safe transport with or without assistance
- ☐ Capable of unlocking and /or locking their residence door
- ☐ Fully capable of exiting the Mobility Plus vehicle and entering their residence independently
- ☐ Able to recognize their own residence; knows their address and phone number
- ☐ Able to remain in their residence alone, without supervision, once dropped off by Mobility Plus

Parent(s)/Guardian(s) Name(s) (all applicable):

_____

_____

Passenger's Residential Address:

_____

_____

_____

Day Program Name and address:

_____

_____

_____

General days and times of required Mobility Plus service:

_____

_____

_____

CONTINGENCY PLAN: In the event that circumstances should arise which require assistance for the Mobility Plus patron, please provide the necessary details of the contingency plan below. The contact information and location below must be a family member/friend that lives in York Region and is able to accept the passenger as part of your contingency plan. If a circumstance does arise, and all of the contacts below are called but can not be reached, there maybe a termination of this agreement.

Parent(s)/Guardian(s) contact information while patron is being transported by Mobility Plus:

1) Home/Cell/Business/Pager: _____ 2) Home/Cell/Business/Pager: _____

Alternate(s) in the event parent(s)/Guardian(s) are not available:

1) Name: _____ Relationship: _____

Address: _____

_____

Time period when available as alternate: _____

Home/Cell/Business/Pager: _____

2) Name: _____ Relationship: _____

Address: _____

_____

Time period when available as alternate: _____

Home / Cell / Business / Pager: _____

3) Name: _____ Relationship: _____

Address: _____

_____

Time period when available as alternate: _____

Home / Cell / Business / Pager: _____

BY SIGNING THIS AGREEMENT, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTOOD AND AGREE TO ITS TERMS.

_____ _____

Passenger: (Print name) Year / Month / Day

_____ _____

Parent / Guardian: (Print name) Year / Month / Day

_____ _____

Witness: (Print Name) Year / Month / Day

Please return all completed documents to:

York Region Transit, Mobility Plus
50 High Tech Rd., 5th Floor,
Richmond Hill, ON L4B 4N7
or by Fax: (905) 762-2110

Should you have any further questions, please call:
Edith McLean, Customer Service Representative
(905) 762-1282 ext. 5653

IMPORTANT REMINDER:
Please make a photocopy of the entire completed application for your records in case the original application is not received by Mobility Plus.